

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-032568

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

8215

STATE FILE NUMBER

FILED AUG 31 1962

## 1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR  
TOWN St. LouisLength of stay in lb  
12 days

## 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri COUNTY Jefferson

c. CITY  
OR  
TOWN De Soto,Inside Limits  
Yes ☒ No ☐c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR  
INSTITUTION St. Louis Little Rock  
Hospitals, Inc.,Inside Limits  
Yes ☒ No ☐d. STREET  
ADDRESS 319 Valle St.,Reside on Farm  
Yes ☐ No ☒3. NAME OF DECEASED  
(Type or print)

First

Luther

Middle

-

Last

Huskey

4. DATE  
OF  
DEATH

Month

August

Day

22,

Year

1962

## 5. SEX

Male

## 6. COLOR OR RACE

White

7. Married ☒ Never Married ☐Widowed ☐ Divorced ☐

## 8. DATE OF BIRTH

July 28, 1890

## 9. AGE (last birthday)

72 yrs.

## IF UNDER 1 YEAR

Months

Days

## IF UNDER 24 HR

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done  
during most of working life, even if retired)

County Highwayman

## 10b. KIND OF BUSINESS OR INDUSTRY

## 11. BIRTHPLACE (City and state or country)

Hillsboro, Missouri

## 12. CITIZEN OF WHAT COUNTRY

USA

## 13a. FATHER'S NAME

William T. Huskey

## 13b. MOTHER'S MAIDEN NAME

Sarah Herrington

## 14. NAME OF HUSBAND OR WIFE

Agnes

## 15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, No, or unknown) (If yes, give war or dates of serv

No

## 17. INFORMANT

AGNES HUSKEY DE SOTO, MO

Address 319 VALLE

## 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

## PART I. DEATH WAS CAUSED BY:

## IMMEDIATE CAUSE (a)

## DUE TO (b)

Conditions, if any,  
which gave rise to  
above cause (a),  
stating the under-  
lying cause last.

## DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal  
disease condition given in PART I (a)PART III. If deceased was female was  
there a pregnancy in last 90 days.☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY  
PERFORMED?  
YES ☒ NO ☐20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

## 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF  
INJURY Hour  
s.m.  
p.m.

Month, Day, Year

20d. INJURY OCCURRED  
WHILE AT WORK ☐  
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,  
farm, factory, street, office bldg., etc.)

## 20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from Aug. 10, 1962 to Aug. 22, 1962 and last saw her alive on Aug. 22, 1962.

Death occurred at 11:10 P.M., m on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE

(Of priest or title)

## 22b. ADDRESS

1755 South Grand Blvd.,

## 22c. DATE SIGNED

8-23-62

23a. BURIAL, CREMATION,  
REMOVAL (Specify)

BURIAL

## 23b. DATE

8/26/62

## 23c. NAME OF CEMETERY OR CREMATORY

HILLSBORO CEMETERY

## 23d. LOCATION (City, town, or county)

HILLSBORO Mo.

## 24. FUNERAL DIRECTOR

## ADDRESS

Donald Dietrich Funeral Home, DeSoto, Mo;

## 25. DATE RECD. BY LOCAL REG.

AUG 23 1962

## 26. REGISTRAR'S SIGNATURE

R. A. Smith, M.D.

USE BLACK INK

OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

AUG 31 1962

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed

*Fred Deekreth*

Licensed Embalmer No.

*5096*

P. O. Address

*De Soto, Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting: ---

If this body is not embalmed, fact should be so stated above.